APPROVED BY THE WASHINGTON STATE BOARD OF HEALTH ON NOVEMBER 8, 2000

Recommended Children's Preventive Services: Ages Birth through 10 Years
Topic, Target Population, & Service Type

The following list of clinical preventive services represents a merged "menu" of recommended items, for children ages birth to 10 years, based on review of the AAP Recommendations for Preventive Pediatric Health Care (2000)*, the USPSTF Guide to Clinical Preventive Services (Second Edition; 1996)*, and components of EPSDT*. Items are named in the left column. Other columns indicate whether the service is targeted for the general population and/or a sub-population with specific risk factors, and the type of service - whether screening/testing/assessment; counseling/education/support; or intervention. This list is the basis for and is aligned with the descriptive supportive information (from source documents*) for these services. For detailed explanations of each service, see the approved *Summary of Recommendations, Rationale & Support for Children's Preventive Services: Ages Birth to 10 Years*.

* **Key Source Documents:**

1. United States Preventive Services Task Force (USPSTF), Guide to Clinical Preventive Services, 2nd edition, 1996.
2. American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care (RE9939), 2000.
3. Descriptive materials about Early Periodic Screening, Diagnosis and Treatment (EPSDT) covered services. (Washington State Medical Assistance Administration, 1999 Healthy Options Focused Review of EPSDT, by OMPRO, and Washington State Department of Social and Health Services, Medical Assistance Administration, EPSDT Screening Components and Periodicity Screening, 1997.)

Several additional secondary sources were consulted. These citations are noted in the companion document of supportive and explanatory information, titled *Summary of Recommendations, Rationale, & Support for Children's Preventive Services* (see page 6).

CONTINUITY OF CARE

Since children's preventive services are delivered over the continuum of childhood, continuity is necessary to identify patterns and issues in a child's physical, developmental, or emotional health over time. A primary provider over time is desirable; if providers necessarily change, smooth transfer of full information and records about the child's and family's history and the child's care is necessary to ensure coordination of services and to maximize continuity. Subpopulations/individuals with specific risk factors may require additional services and/or increased frequency of services.

KEY for "Target Population":	GP = General Population	SR = Populations/ Individuals With Specific Risk Factors [1]

		[.....Service Type.....]		
Category & Service Item	**Target Population**	**Screening / Testing / Assessment**	**Counseling/ Education/ Support**	**Intervention [8]**
PERIODIC COMPREHENSIVE HEALTH HISTORY, PHYSICAL EXAM, & DEVELOPMENTAL ASSESSMENT				
Periodic Unclothed Physical Exam & Health History [2]	GP	✓	✓	✓
Height & Weight	GP	✓	✓	
Head Circumference	GP	✓		
Blood Pressure	GP	✓	✓	
Sensory Screening				
Vision	GP; Under review	✓		
Hearing	GP; Under review	✓		
Developmental/Behavioral Assessment				
Gross Motor Development	GP	✓	✓	
Fine Motor Development	GP	✓	✓	
Cognitive Skills	GP	✓	✓	
Communication/Language Skills	GP	✓	✓	
Self-Help/Self-Care Skills	GP	✓	✓	
Social/Emotional Skills (see also Behavioral/Mental Health & Family Well-Being)	GP	✓	✓	
Laboratory & Condition-Specific Testing[3]				
Urinalysis	GP	✓		
Phenylketonuria	GP	✓		
Thyroid Function	GP	✓		
Hemoglobinopathies	GP, SR	✓		
Congenital Adrenal Hyperplasia	GP	✓		
Anemia	SR	✓		
Fetal Alcohol Syndrome	SR; Pregnancy	✓	✓	

KEY for "Target Population": GP = General Population SR = Populations/ Individuals With Specific Risk Factors [1]

Category & Service Item	Target Population	[.....Service Type.....] Screening / Testing / Assessment	Counseling/ Education/ Support	Intervention [8]
MENTAL / BEHAVIORAL HEALTH & FAMILY WELL-BEING (These items are also relevant in the context of Social / Emotional Skills and Injury Prevention.)				
Mental Health [4]	GP	✓	✓	✓
Family Violence [5]	GP	✓	✓	✓
Children's Violent Behaviors	GP	✓	✓	✓
HEALTH RISK BEHAVIORS				
Sleep positioning counseling	GP		✓	
Tobacco Use				
Anti-Tobacco Messages	GP; SR	✓	✓	
Environmental Tobacco Smoke	SR	✓	✓	
Injury Prevention				
Motor Vehicle Safety: Child car seats; lap seat belts; motorcycle & ATV helmets; sober driving	GP		✓	
Bicycle Safety: helmets; bike way from traffic	GP		✓	
Sports Safety: Mouth guards, etc.	GP		✓	
Burn Prevention: Hot water temperature; smoke detector; fire drill/escape plan; flame-retardant sleepware; avoid smoking	GP		✓	
Fall Prevention: Stair guards, window guards; baby walkers	GP		✓	
Drowning Prevention: Supervision around water; pool fence; no swimming alone; life jackets	GP		✓	
Safe Storage: Drugs, toxics, firearms, matches	GP		✓	
Poison Prevention: Poison Control phone no.; Ipecac)	GP		✓	
Cardio-Pulmonary Resuscitation & Choking Maneuvers	GP		✓	
Firearm Safety	GP		✓	

KEY for "Target Population": GP = General Population SR = Populations/ Individuals With Specific Risk Factors[1]

		[.....Service Type.....]		
Category & Service Item	**Target Population**	**Screening / Testing / Assessment**	**Counseling/ Education/ Support**	**Intervention [8]**
Physical Activity & Fitness				
Regular physical activity	GP		✓	
Nutrition & Dietary Behaviors				
Breast Feeding	GP		✓	
Iron-Enriched Foods	GP		✓	
Fiber: Fruit & Grains	GP		✓	
Cholesterol & Dietary Fat	GP		✓	
COMMUNICABLE & INFECTIOUS DISEASES				
Immunizations for Vaccine-Preventable Diseases [6]				
Diphtheria, Tetanus, Pertussis	GP		✓	✓
Polio	GP		✓	✓
Measles, Mumps, Rubella	GP		✓	✓
Hepatitis B	GP		✓	✓
Haemophilus Influenza B	GP		✓	✓
Varicella	GP		✓	✓
Hepatitis A	GP in WA State		✓	✓
Influenza	SR	✓	✓	✓
Pneumococcal Disease (Pneumonia)	SR	✓	✓	✓
Other Infectious Diseases				
Ophthalmic Neonatorum (Gonorrhea)	GP			✓
Tuberculosis	SR	✓	✓	✓
HIV/AIDS	SR	✓	✓	✓
ORAL HEALTH [7]				
Dental Health Recommendations: Prevent baby bottle tooth decay, brush, floss, fluoride toothpaste, dental sealants for children with specific risks, & dental visits	GP; SR	✓	✓	
Water Fluoridation or Fluoride Supplement/Varnishes	GP; SR		✓	✓

Endnotes:

1. **Specific Risk Factors ("SR" designation):** Risk factors vary for different health and clinical issues, and can include a range of factors either singly and/or in combination. Determinants of risk include physical health, genetics, age, family history, ethnicity, health-related behaviors & practices, environmental conditions, socio-economic status (including items such as income status and educational level), and psychosocial factors of the child and/or the family/parents. The designation of specific risk, in this context, suggests that assessment, screening, counseling, and/or intervention must take such specific risk factors into account for particular individuals or sub-populations, as they pertain to the particular health or clinical issue.

2. Components of **periodic, comprehensive physical examinations** include observations and assessment of body systems and organs. Body measurements and blood pressure, included in a comprehensive PE, are listed separately, because of specific supportive information and evidence associated with them.

3. **Lead Toxicity:** While screening for blood lead levels in specified at-risk infants and children is recommended based on national data, an extensive process has determined it is not recommended in Washington State. This determination is based on three studies conducted by the State Department of Health, a broad-based advisory committee that reviewed the studies and recommended against lead level screening, and by recommendations by the State Department of Health. However, it is appropriate for an individual clinician to determine when a specific child should be screened.

4. **Mental Health:** Mental health clinical screening tools are available to be used during clinical preventive visits; if mental health issues are uncovered, they should be addressed and services recommended. (Mental Health: A Report of the Surgeon General, 2000)

5. **Family Violence:** Although USPSTF in 1996 had insufficient evidence to recommend for or against screening and/or counseling on the topic of family violence and child abuse - as it relates to children, there is more recent evidence that supports attention to risk factors for and/or history of family violence (either domestic violence toward adults or child maltreatment). Violence in the family also increases the risk for violent behavior in children. Washington State has evaluated research findings and programmatic experience in the realm of family violence and strongly recommends that it be assessed and addressed in the context of children's healthcare. (Youth Violence and Associated Risk Factors: An Epidemiologic View of the Literature; DOH; February 1995.)

6. **Immunizations:** Evidence and recommendations in the key sources consulted speak primarily to efficacy of administering immunizations, but not to education, counseling, and informed consent that necessarily accompanies the administration of immunizations. We note, however, that immunization services **do** include an education and counseling component.

7. An **oral cavity check** is a recommended part of a comprehensive physical exam, which is cited on this list of recommended preventive services. Dental health recommendations include general counseling as well as any specific recommendations based on oral cavity assessment.

8. **Intervention Service Type:** In this context, "intervention" is used to mean taking action that is preventive/prophylactic. For example, administration of immunizations is a preventive intervention. Interventions that are indicated as treatment based on diagnosis are not reflected here (e.g. treatment of diagnosed anemia or hypertension). This definition separates preventive interventions from treatment interventions. This distinction, in actual practice, is

not clear or absolute. Even though not reflected in this list, it is assumed that appropriate treatment interventions would be recommended for any diagnosis of disease or abnormal finding from screening.

Summary of Recommendations, Rationale, & Support for Children's Preventive Services: Ages Birth to 10 Years

This document has been approved by the Washington State Board of Health as supporting background for the approved list of Children's Preventive Services for children ages birth to 10 years.

Explanation:

- This table describes specific recommendations & a summary of what is deemed effective through research findings and/or clinical expert opinion. This table provides supportive information that corresponds to items on the composite list of recommended items titled, *Recommended Children's Preventive Services: Ages Birth through 10 Years: Topic, Target Population, & Service Type*.
- The left hand column describes specific recommendations and their underlying rationale, based on known effectiveness. The far right column offers other relevant comments on selected items. Shaded rows head each section, indicating categories for service items.
- Source citations are abbreviated within the table; full reference information for each source document is listed after the table.
- This provides summary information intended for public policy consideration; it is not adequate to guide clinical decision-making.

CONTINUITY OF CARE

The American Academy of Pediatrics emphasizes the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care." (AAP) Since children's preventive services are delivered over the continuum of childhood, continuity is necessary to identify patterns and issues in a child's physical, developmental, or emotional health over time. A primary provider over time is desirable; if providers necessarily change, smooth transfer of full information and records about the child's and family's history and the child's care is necessary to ensure coordination of services and to maximize continuity. High-risk sub-populations may require additional services and/or increased frequency of services. Subpopulations/individuals with specific risk factors may require additional services and/or increased frequency of services.

Description of Recommendations & Rationale, by Specific Preventive Service Item	Relevant Comments
PERIODIC COMPREHENSIVE HEALTH HISTORY, PHYSICAL EXAM, & DEVELOPMENTAL ASSESSMENT	
Periodic Unclothed Physical Exam & Health History	
A **periodic unclothed physical exam with a health history** is part of routine, preventive services and includes specifics such as developmental/behavioral health assessments, laboratory and condition-specific testing, anticipatory guidance for health risk behaviors, immunizations, and oral health assessment and recommendations. The preventive services may be done in the form of screening, counseling, or intervention. (PPIP, ch i, ii; USPSTF ch iv; AAP chart)	
Body measurements: **Height, weight, and head circumference, plotted on a current growth chart,** are inexpensive, rapid, and reliable measurements used as part of a physical exam. They are useful for recognizing childhood problems such as growth retardation, malnutrition, obesity, eating disorders, abnormal brain development, and developmental abnormalities. Maintaining a healthy weight is believed to be helpful in reducing risk for major chronic diseases such as high blood pressure and diabetes. (USPSTF ch 21; PPIP ch 3; AAP, HP2010 ch 19, pg 29)	
Blood pressure: For children aged three and older, **periodic blood pressure checks** can assist in early detection of treatable causes of high blood pressure. Early detection may be of potential value in identifying children who may have high blood pressure as an adult. (USPSTF ch 3; AAP; PPIP, ch 2)	
Sensory Screening	
Vision: Clinicians should observe and remain alert for signs of **ocular misalignment (**amblyopia and strabismus) in all newborns, infants, and children. Objective screening for amblyopia (lazy eye, loss of vision due to disuse) and strabismus (eyes not aligned) in pre-school children should occur between 3-4 years of age. With early detection, referral, and treatment, there is increased likelihood of normal vision and avoidance of irreversible visual deficits. (USPSTF ch 33; PPIP ch 11; HP2010, ch 28) Several major authorities also recommend periodic **visual acuity screening** in pre-school and school-aged children. These examinations are most effective for determining refractive errors, the most common vision disorder in children. (PPIP, ch 11)	More updated evidence and information concerning vision screening is pending and under review.

Description of Recommendations & Rationale, by Specific Preventive Service Item	Relevant Comments
Sensory Screening (continued)	
Hearing: Significant hearing loss is one of the most common major abnormalities at birth. If undetected it will impede speech, language, and cognitive development. Multiple national organizations now recommend **universal newborn hearing screening**. (PPIP ch 6; AAP RE9846; HP2010, ch 28) Clinicians, however, should remain alert for symptoms or signs of **hearing impairment**, including parent/caregiver concern regarding hearing, speech, language, or developmental delay. (USPSTF, ch 35; PPIP, ch 6)	More recent evidence & information on hearing loss detection are pending review by USPSTF & the State Task Force on Early Hearing Loss Detection, Diagnosis & Intervention (EHDDI). In 1998, EHDDI recommended that, by 2001, every newborn in Washington receive hearing loss screening, by 3 months of age. Those failing testing should receive diagnostic testing, no later than 6 months, with intervention at time of diagnosis.
Developmental/Behavioral Assessment	
Developmental Milestones: Preventive visits or other contacts with a children's health professional are opportunities to assess a child's developmental patterns through history, observation, and interaction with the child. Age-specific assessment can identify potential physical, emotional, or other problems early. Assessment should include development of gross & fine **motor skills; cognition; communication & language; behavior, social & emotional skills (including children's violent behaviors); and self-help/self-care**. Associated anticipatory guidance offers parents education & support. Patterns outside what is considered appropriate for that age should be monitored; beyond parental counseling & education, problematic patterns may call for treatment or other intervention. (PPIP, Appendix A; AAP)	

Description of Recommendations & Rationale, by Specific Preventive Service Item	Relevant Comments
Laboratory and Condition-Specific Testing	
Newborn Screening: Newborn screening & early diagnosis is recommended for several treatable disorders— **hemoglobinopathies, phenylketonuria (PKU), congenital hypothyroidism (CH), and congenital adrenal hyperplasia (CAH).** Neonatal detection allows for early treatment and prevention of condition-related consequences that are life-threatening and/or life-lasting. Screening requirements for these disorders are mandated in Washington State. (USPSTF ch 43, 44, 45; AAP; PPIP ch 8; HP 2010, ch 16)	
Urinalysis: Use of a **urinalysis test** for 5-year-old children may contribute to prevention of urinary tract damage by detecting urinary abnormalities and/or asymptomatic infection. (AAP; PPIP, ch 10)	USPSTF, American Academy of Family Physicians, & the Canadian Task Force on Periodic Health Examination do *not* recommend routine screening for *asymptomatic* bacteriuria in infants or children. (PPIP ch 10, USPSTF ch 31)
Lead Toxicity: **NOT RECOMMENDED IN WASHINGTON STATE**. There is not a significant prevalence level for universal screening to be done in Washington State. Screening should be done in accordance with state law and public health authorities. In addition, an individual clinician should determine if lead toxicity screening is necessary for a specific child. Population-based interventions for primary prevention of lead exposure are likely to be effective in reducing population blood lead levels. (USPSTF ch 23; AAP; PPIP, ch 7; HP 2010, ch 8) The Medicaid program calls for screening children for elevated blood lead levels at 12 and 24 months (and also children aged 3-6 if not tested previously). (OMPRO, 1999)	Screening for blood lead levels in specified at-risk infants and children is recommended based on national data, BUT an extensive process determined it is not recommended in Washington unless identified by an individual clinician. Determination is based on three studies by the Department of Health (DOH), a broad-based advisory committee review of the studies and its recommendations, and by DOH recommendations.
Fetal Alcohol Syndrome: Although screening to prevent FAS is a **prenatal** issue, excessive use of alcohol during pregnancy can produce fetal alcohol syndrome/effects that include growth retardation, facial deformities, mental retardation, and behavioral abnormalities. Early identification of problems in children at risk should occur in the course of usual physical exam and developmental assessment to assure appropriate follow-up and support services. Pregnant and pre-pregnant women should be screened for problem drinking and counseled about the harmful effects	USPSTF and other major authorities reference fetal alcohol syndrome under preventive **counseling for adults** since screening and counseling to prevent FAS takes place **pre-**

on the fetus. (USPSTF, ch 52; PPIP, ch 53; HP2010, ch 16)	**natally**. (PPIP ch 53, USPSTF ch 52)

Description of Recommendations & Rationale, by Specific Preventive Service Item	Relevant Comments
BEHAVIORAL/MENTAL HEALTH & FAMILY WELL-BEING	
Mental Health (Also see Developmental/Behavioral Assessment): An estimated 21% of children ages 9 to 17 have a diagnosable mental or addictive disorder with at least minimum impairment. There is a growing body of evidence that prevention strategies in earlier childhood (delivered in home, school, pre-school / daycare, & primary care settings) have a positive impact in preventing mental disorders and promoting healthy development. Risk factors for childhood mental disorders include both biological factors and adverse psychosocial experiences, such as: --prenatal damage from alcohol, drugs, or tobacco; --low birth weight; --difficult temperament or inherited predisposition to mental illness; --external factors such as poverty, deprivation, abuse & neglect; and unhealthy relationships; --parental mental illness; and --exposure to traumatic events. Mental disorders of childhood and adolescence include: anxiety; attention-deficit and disruptive behavior disorders; autism; eating disorders; elimination disorders; learning / communication disorders; mood disorders & depression; and schizophrenia. **Mental health screening tools are available to be used during clinical preventive visits**. Further assessment, diagnosis, & treatment of mental disorders in children often require specialized children's mental health expertise. **Pediatricians, family physicians, nurses, teachers, school counselors, and others play an important role (with parents) in identifying troubling signs and symptoms, addressing them within their scope of expertise / role, and referring children for diagnosis, treatment, and other services**. (Mental Health: A Report of the Surgeon General; ch 3)	
Family Violence & Maltreatment of Children: All health professionals observing or examining children should be alert to history, risk factors, and/or **physical and behavioral signs associated with family violence and/or child maltreatment (physical, emotional, or sexual abuse and/or neglect)**. Violence in a family setting is known to increase the risk of a child also exhibiting violent behaviors. (See Children's Violent Behaviors below.) Guidelines are available to assist health care providers recognize these signs and symptoms. Reporting of suspected cases of maltreatment is required by law. Upon identification, safety of a potential child victim of maltreatment (and/or children of an adult victim of abuse) should be ensured. Certain programs have demonstrated effectiveness in **primary prevention of child abuse** among young and high-risk families (e.g. intensive home visitation by public health nurses). (USPSTF, ch 51; PPIP, ch 26; HP2010, section 15; Bright Futures, page 49; Youth Violence and Associated Risk Factors: An Epidemiologic View of the Literature, DOH; February 1995.)	
Children's Violent Behavior: Children & their parents should be questioned, counseled, and potentially referred to behavioral resources about **impulsive, antisocial, aggressive, & angry behaviors exhibited by the child**. (PPIP, ch 26; USPSTF, ch 59; AAP)	

Description of Recommendations & Rationale, by Specific Preventive Service Item	Relevant Comments
HEALTH RISK BEHAVIORS	
Sleep Positioning: Sleep positioning of infants has been linked with the incidence of **Sudden Infant Death Syndrome**. Parents & caregivers should be advised to **place healthy infants on their backs** to sleep. (PPIP, ch 22; AAP)	Per AAP 2000 guidelines, side positioning is a reasonable alternative, but carries a slightly higher risk of SIDS.
Tobacco Use	
Anti-Tobacco Messages: Most initiation of tobacco use (and subsequent addiction) begins in adolescence. Multi-faceted interventions (population-based strategies, policy, and individual / parental counseling) are called for to **prevent initiation of tobacco use in youth**; clinicians have an important role in preventing tobacco initiation. Anti-tobacco messages are recommended for inclusion in health promotion counseling of children, adolescents, and young adults. Effective **tobacco cessation interventions** should be directed to smoking family members and teens or children. (USPSTF, ch 54; PPIP, ch 24; AAP)	
Environmental Tobacco Smoke: Exposure to **environmental tobacco smoke** is a health hazard for infants and children, triggering and worsening asthma, bronchitis, and lower respiratory and middle ear illnesses in children. Counseling about dangers of environmental tobacco smoke and its risk to children should be directed to parents in preventive visits. A history of exposure to ETS should also be obtained when a child presents with a respiratory illness. (USPSTF, ch 54; PPIP, ch 24; AAP)	
Injury Prevention	
Motor Vehicle Safety: **The use of age / weight-appropriate** and properly secured **auto safety restraints** are the most effective way to reduce the risk of death and/or serious injury from motor vehicle crashes, which are the leading cause of death among children ages 1 to 14. This includes infant & child car seats, booster seats, and lap & shoulder seat belts, with children riding in the rear seat to avoid risk of injury from airbags. Parents should be counseled on this and instructed on proper use of restraints. Counseling about **safety helmet use** for children riding on **motorcycles or ATVs** is also recommended. Children and their parents should also be **advised not to ride in a vehicle driven by someone who has been or is drinking**. (PPIP, ch 22; USPSTF, ch 57; HP2010, section 15; AAP)	
Bicycle Safety: Bicyclists and parents of children who ride bicycles should be counseled about importance of wearing **approved safety helmets** and **avoiding riding in motor vehicle traffic**. Bicycle helmets, properly worn, significantly reduce the risk of bicycle accident head injuries. (PPIP, ch 22; USPSTF, ch 58, AAP; HP2010, section 15)	
Sports Safety: Children who participate in contact sports should be counseled about **the** importance **of wearing**	

protective gear, including mouth guards (Bright Futures, page 61, 75)	
Description of Recommendations & Rationale, by Specific Preventive Service Item	**Relevant Comments**
Injury Prevention (continued)	
Household Safety: The household environment, unadapted for safety, poses risks for several types of injuries. Parents should be counseled on the following topics in order reduce risk and create a safer environment for children: • **Fire & Burn Prevention:** Home **hot water temperature** should be set at no more than 120 degrees F, with anti-scald devices if possible. **Smoke detectors** should be properly installed, with periodic battery changes and checks to ensure they function. A family fire drill and **escape** plan should be advised. **Children's** sleepwear should be flame-retardant. **Cigarette smoking**, a leading cause of residential fires, should be advised against for this, as well as other health reasons. • **Fall Prevention: Safety gates or stair guards** should be used across stairways. **Window guards** should be installed above the first floor. **Baby walkers** should only be used under supervision /observation. • **Drowning Prevention:** Parents should be advised that young children **can drown in very shallow depths of water** (bathtubs, toilets, wading pools, buckets); children should **not be left unattended** around such. Children should also **not be allowed to swim alone**. **Secure fences around pools and spas** also offer protection. Use of life jackets (for unskilled swimmers and for all children while boating) should be advised. • **Safe Storage: Medicines, toxic household substances, matches, firearms**, and other potentially dangerous items should be kept securely out of children's reach. • **Poison Prevention:** The local **Poison Control phone number** should be prominently posted at home, and should be called in the event of a potentially dangerous ingestion or exposure. Syrup of **ipecac** should also be available at home, but should be used only after consultation with a poison control center. • **Cardio-Pulmonary Resuscitation & Choking Maneuvers:** Parents should be encouraged to learn basic life-saving skills, including cardio-pulmonary resuscitation and maneuvers to manage choking incidents. (USPSTF, ch 58; PPIP, ch 22; HP 2010, section 15; AAP)	
Firearm Safety: Parents & children should be advised about risks **of guns** in the home and **gun safety rules** for home and when at homes of others. (PPIP, ch 26; USPSTF, ch 58, ch 59; AAP)	
Physical Activity & Fitness	
Regular Physical Activity: Frequency, type, and duration of physical activities should be assessed during preventive visits for children 3 years and older. **Regular, moderate to vigorous** physical **activity** should be encouraged to prevent illness, to maintain healthy weight, and to build strength, flexibility, and endurance. Parents should be encouraged to serve as role models for their children. Varied activities to develop a range of abilities, use of appropriate safety equipment, and year-round activities that can be incorporated into daily routines should be encouraged. (PPIP, ch 21; USPSTF, ch 55; AAP; HP2010, section 22)	

Description of Recommendations & Rationale, by Specific Preventive Service Item	Relevant Comments
Nutrition & Dietary Behaviors	
Breastfeeding: Infants require **breast milk** or appropriate alternatives **(iron-enriched formula**) for adequate nutrition. Breastfeeding, for at least 6 months, provides a wide range of benefits for the infant's health, growth, immunity, & development. It may reduce risk of ear and respiratory infections, meningitis, allergic illness, diarrhea, hospital admissions, & abnormal cognitive development. (USPSTF, ch 56; PPIP, ch 20; HP 2010, ch 16 and 19)	
Iron: Iron deficiency may be associated with impaired infant neurologic and cognitive function, so parents should be encouraged to include **iron-enriched foods** in the diets of infants and children. (USPSTF, ch 56; PPIP, ch 20)	
Healthy Diet: Proper nutrition during childhood is essential for normal growth and development. Eating habits over a lifetime can have a significant impact on incidence and severity of many health disorders, such as diabetes, heart disease, high cholesterol, obesity/ being overweight, and cancer. **A diet high in fiber (fruits and grains) and low in fat (especially saturated) and cholesterol** appears to reduce the risk of health disorders and helps maintain a healthy body weight. (USPSTF, ch 56; PPIP, ch 20)	
COMMUNICABLE & INFECTIOUS DISEASES	
Immunizations for Vaccine-Preventable Diseases	
Childhood Immunizations: **Routine childhood immunizations** prevent a number of infectious diseases (diphtheria, pertussis, tetanus, polio measles, mumps, rubella, hepatitis B, haemophilus influenza B, varicella, and Hepatitis A) as well as their medical and social consequences, which include meningitis, paralysis, pneumonia, liver disease, loss of days at school or work, additional health care visits, hospitalization, and possibly death. Licensed vaccines have been shown to be efficacious and have decreased incidence of childhood diseases and their consequences. (USPSTF, ch 65; PPIP, ch 12-17; HP 2010, section 14; AAP) The most recent childhood vaccination recommendations, endorsed by the Washington State Board of Health, are available from the CDC's Advisory Committee on Immunization Practice (ACIP). These recommendations are also supported by the American Academy of Pediatrics and the American Academy of Family Practice. (ACIP vaccination recommendations, Jan-Dec 2000. For **high-risk** individuals, **influenza and pneumococcal vaccines** are also recommended. (ACIP vaccination recommendations, Jan-Dec 2000; USPSTF, ch 65; PPIP, ch 49, ch 50; AAP)	Hepatitis A vaccine is a general recommendation in Washington State, given the prevalence of disease and its risk.

Description of Recommendations & Rationale, by Specific Preventive Service Item	**Relevant Comments**
Other Infectious Diseases	
Neonatal Gonococcal Ophthalmia: Without treatment, 30-50% of infants exposed to gonococci will develop gonococcal ophthalmia, which can cause severe conjunctivitis and lead to corneal scarring, abscesses, eye perforation, and permanent blindness. By report, routine ophthalmic antibiotics applied topically to the eyes of all newborns have an 80-97 percent reduction rate in transmission of gonococcal ophthalmia neonatorum. (USPSTF, ch 27)	
Tuberculosis: TB continues to be a public health problem for children (and adults). TB is associated with symptoms in the lungs, joints and heart and may cause death, especially among the very young. Screening for tuberculosis infection by tuberculin skin testing is recommended for all persons at increased risk of developing TB. Although a positive skin reaction necessitates additional work up and possibly treatment, early detection with treatment can be an effective means of preventing active TB. Treatment regimens are dependent on factors such as drug resistance and are best coordinated between clinicians, health departments, and TB experts. (USPSTF, ch 25; PPIP, ch 9; AAP)	
HIV: HIV testing is recommended for infants of high-risk mothers whose HIV status is unknown. A positive test necessitates additional work up, treatment, and monitoring that is best coordinated with practitioners. (USPSTF, ch 28)	Clinical recommendations in this area are rapidly changing & should be reviewed regularly with experts in the field. HIV screening recommendations are listed primarily under **adult preventive counseling** since screening and counseling to prevent HIV at birth takes place **prenatally**.

Description of Recommendations & Rationale, by Specific Preventive Service Item	Relevant Comments
ORAL HEALTH	
Dental Health Recommendations: Dental caries is the single most common chronic childhood disease—5 times more common than asthma and 7 times more common than hay fever. An estimated 50 percent of 5- to 9-year-old children have at least one cavity or filling. (Oral Health in America: A Report of the Surgeon General, ch 4) Oral health prevention practices can reduce the risk of dental caries and periodontal disease. **Preventive and treatment services** during childhood can determine dental and oral health status in adulthood**. Counseling patients by primary care providers** on the following reduces the risk of dental disease: • visit a dental care provider (optimal frequency determined by dental provider) regularly with an initial dental exam by age one (Oral Health in America: A Report of the Surgeon General, ch 10; Bright Futures in Practice: Oral Health, page 38), • floss daily, • **dental sealants** in children with specific risks (Bright Futures, page 46), • brush daily with a fluoride-containing toothpaste, and • appropriately use fluoride for caries prevention and mouth rinses for plaque prevention. (USPSTF, ch 61; PPIP, ch 19) Parents should be educated to put infants and children to bed without a bottle in order to prevent baby bottle tooth decay. (USPSTF, ch 61; PPIP, ch 19)	
Water Fluoridation or Fluoride Supplement / Varnishes: Widespread use of fluoride and other preventive dental practices has lead to a significant decrease in the incidence of dental caries. In Washington, 50 percent of the population lives in communities without fluoride-protected water. In the 1996 Joint Select Committee Recommendations, a provision was made that all the state's public water supply systems serving over 1,000 people be fluoridated. For children living in an area with inadequate water fluoridation (<0.6 ppm) the prescription of daily fluoride drops or tablets is recommended. Fluoride content is reported by local water suppliers. Appropriate fluoride dosage is determined by recommendations from national organizations and is prescribed by primary care providers. (USPSTF, ch 61; PPIP, ch 19) Pilot programs are being implemented statewide using fluoride varnishes to prevent early caries.	

References: (Abbreviations used in above table are noted in parentheses.)

1. United States Preventive Services Task Force (USPSTF), Guide to Clinical Preventive Services, 2nd edition, 1996.
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